

**CONFIDENTIAL APPLICATION FOR  
NATIONAL SCHOOL LUNCH/BREAKFAST/SPECIAL MILK  
SCHOOL YEAR \_\_\_\_\_**

1.

NAME OF CHILD ATTENDING SCHOOL			TEACHER	GRADE	ROOM
Last Name	First Name	M.I.			

2. \*COMPLETE IF THE CHILD LISTED ABOVE IS A FOSTER CHILD OR PROVIDE THE CASE NUMBER IF THE HOUSEHOLD IS RECEIVING FOOD STAMPS OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) FOR THIS CHILD.\*

\_\_\_\_\_ Student listed above is a foster child. \_\_\_\_\_ Yes, I receive Food Stamps or TANF for this child.  
 \_\_\_\_\_ Foster child's personal income Food Stamp Case Number \_\_\_\_\_  
 TANF Case Number \_\_\_\_\_

**\*IF YOU COMPLETED THIS SECTION, GO TO PART 4.**

**3. List all household members (Please print)**

LAST NAME	FIRST NAME	M.I.	Monthly payments from: Welfare, Child Support and/or alimony.	Monthly payments from: Pension, Retirement, Soc. Security and all other payments	All earnings from any work before deductions. <b>*Monthly</b>	Name of school for other students listed on this form.
1			\$	\$		
2						
3						
4						
5						
6						

**\*WEEKLY INCOME x 4.33, EVERY TWO WEEKS x 2.15, TWICE A MONTH x 2 = MONTHLY INCOME**

4. Please check the racial or ethnic identity for your child. You are not required to answer this question. We need this information to be sure that everyone receives benefits on a fair basis. No child will be discriminated against because of race, color, sex, age, national origin, or disability.

- ☐ White, not of Hispanic Origin      ☐ Black, not of Hispanic Origin      ☐ Hispanic  
☐ Asian or Pacific Islander      ☐ American Indian or Alaskan Native

(over)

**PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and the deliberate misrepresentation of the information may be subject to prosecution under applicable State and Federal Laws.**

**PRINT NAME:** \_\_\_\_\_  
Last name First name M.I.

**SOCIAL SECURITY #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SIGNATURE OF ADULT:** \_\_\_\_\_ **DATE SIGNED:** \_\_\_\_\_

**HOME TELEPHONE:** (\_\_\_\_) \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY/ZIP CODE:** \_\_\_\_\_

\*Privacy Act Statement: Section 9 of the National School Lunch Act requires that unless your child's food stamp or TANF case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or TANF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claim or legal actions if incorrect information is reported.

FOR SCHOOL USE ONLY (DO NOT WRITE BELOW THIS LINE)

**Total Income:** \$ \_\_\_\_\_ monthly **Total household size:** \_\_\_\_\_

**Determination:** Denied \_\_\_\_\_ Approved Free Lunch and Breakfast \_\_\_\_\_ Approved Reduced Price Lunch and Breakfast \_\_\_\_\_ Approved TANF/Food Stamps \_\_\_\_\_

**Reason for Denial:** Income too high \_\_\_\_\_ Incomplete Application \_\_\_\_\_ Other (reason) \_\_\_\_\_

**Date of Approval:** \_\_\_\_\_ **Signature of Approving Official** \_\_\_\_\_

### VERIFICATION RESULTS

**Results of verification:** Eligibility Unchanged \_\_\_\_\_ Adjusted from Free to Reduced \_\_\_\_\_ Adjusted from Free to Paid \_\_\_\_\_

Adjusted from Reduced to Free \_\_\_\_\_ Adjusted from Reduced to Paid \_\_\_\_\_ Benefits Terminated \_\_\_\_\_ Incomplete Application \_\_\_\_\_ Other(reason) \_\_\_\_\_

**Date of verification conducted:** \_\_\_\_\_ **Verification conducted by:** \_\_\_\_\_